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APPLICANTS

Steven P. Reynolds, Toronto, CANADA;

Richard W. Lajeunesse, Brampton, CANADA;

Zygmunt Dziwak, Mississauga, CANADA; David E. Kairis, Brampton, CANADA;

 ** CONTINUING DATA ***** *NONE (TUT)*

 ** FOREIGN APPLICATIONS ***** *NONE (TUT)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>TUT (10/17/05)</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

00116
 PEARNE & GORDON LLP
 1801 EAST 9TH STREET
 SUITE 1200
 CLEVELAND , OH
 44114-3108

TITLE

Elevator landing door broken chain safety device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)